

SUMMER 2012 ISSUE

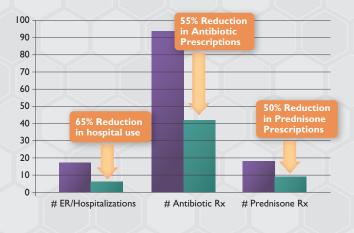
Great results lead to a sustainable program at Garden City

This March the Garden City Family Health Team learned their program will be financially sustained when the MOH/LTC agreed to reallocate funding for a Chiropodist to Garden City Family Health Team

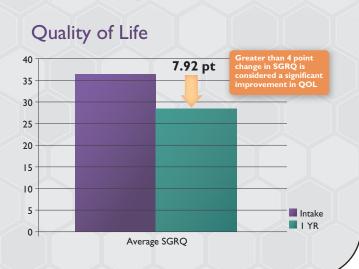
an RT/CRE position. In her request to the MOH, Executive Director Sandy Scapillati capitalized on the MOH's "better service for all - better access for all" initiative and highlighted the number of patients booked for spirometry and education at the Garden City BreathEasy PRIISME® program.

The program, which has been in operation for two and a half years, has yielded impressive results. Patients in the program appear to have improved their health status with an overall reduction in the use of medications associated with exacerbations (or lung attacks) as well as hospitalizations.

COPD Exacerbation Interventions



Patients enrolled in the BreathEasy program also had significant improvement in their quality of life as measured by the St. Georges Respiratory Questionnaire. And what could be more important than improving patient's lives! Congratulations to Garden City BreathEasy PRIISME® on achieving a sustained program! Best of luck for continued success!



SmartMeds PRIISME®

overcomes hurdles to get underway

COPD

pneumonia, hospitalization or AE COPD. Nurse

or MD can also

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After overcoming a few hurdles to get underway, the SmartMeds COPD Long Term Care (LTC) initiative began spirometry testing of identified COPD patients at two LTC homes in Ft. Erie.

In early 2012, Kelly Elgersma, RT/CRE, joined Pharmacy Consultant Hema Shah and Project Lead Rashida Anjarwalla to work with medical directors at partner LTC facilities to identify patients, engage staff, and develop a care map.



Initial auditing of charts indicated that approximately one third of the patients in the homes had a current diagnosis of COPD. Kelly worked with these patients and successfully conducted spirometry on 50% of these targeted residents.

In addition, patients enrolled in the program are currently participating in a physiotherapy program to improve breathing techniques, as well as recreational activities. Targeted outcomes measures are hospitalizations and antibiotic use for upper respiratory infections, as well as optimization of therapy as per clinical practice guidelines.

Nurse to notify MD and Pharmacy to notify RT to assess & perform spirometry Residents with inhalers, Dx of qualifies* resident in antibiotics, Rx of group and start prednisone, smoking Hx or

FLOWCHART PROCESS FOR COPD PROGRAM

Spirometry'

Results left in

resident chart for MD to

refer resident to program Resident does not qualify Pharmacy to ask MD to refer resident to specialist for further Dx confirmation

monitoring

required – MD to instruct nursing staff to arrange for appointment

to home and left in resident

assess for COPD program

RT & physio to come up with an exercise resident & to be followed every quarter

Recreation to track residents and update scanning

notified by pharmacy to follow residents attendance in

Nursing to follow resident's

progress by notifying

pharmacy of

status

change in condition/meds

Given the complex nature of care within a LTC home. SmartMeds has been able to create a comprehensive map for the implementation of their program.

CLINICAL PATHWAY

The clinical pathway that has been developed for COPD patient care is currently being implemented.

Referral to

Program
Confirmed dx

COPD

Smoking hxPersistent resp sx

<u>Intake</u>

Pharmacist &

status monthly

RT to assess

COPD poor

Scheduled follow-up every

3 month

resident

12 month visit

• QOL

Questionaire

Spirometry

• Feedback to referring doctor

First group of patients completes program at Grand River CHC

The Grand River Community Health Centre COPD Rehabilitation program – which launched on April 16, 2012 – recently hit an important milestone when the first group of patients completed their program at the Brantford Family YMCA under the tutelage of RPN/CRE Cindy Mather and Kinesiologist Kaitlin Moore. A second group of patients is now currently participating in the program.



Processes for referrals, diagnostic spirometry and meds checks have also been developed and implemented in partnership with Dr. Tim Carlton, the PFT Lab at the Brant Community Healthcare System and Anna Romano, Pharmacist/CRE.

During the program patients enjoy two afternoons per week of education and exercise. The education component includes breathing techniques, medication overview, self-management and action planning. The program also benefits from volunteers from the community such as Peter Imola (RRT) and David Ritchie, a patient who is able to provide peer support for patients enrolled in the rehab program.

The program has also received media attention with two articles in the *Brant News* and a visit from CHCHTV in Hamilton, which profiled the program during the evening news!



Karen Kuzmich, Manager of Health Promotion &

Community Development and RPN/CRE Cindy

Mather, Grand River Community Health Centre

St. Mary's team working hard to improve patients' quality of life

Amy Massie and Angie Shaw at St. Mary's General Hospital have been working hard to provide education and improve the quality of life for patients in the Wellington-Waterloo LHIN.





Recently, Angie worked with Forest Heights Long Term Care to identify and improve the management of their COPD patients.

Through audits 35 patients were identified as having COPD, and of those 14 were able to complete spirometry. It was noted that the exacerbation rate was quite high among the COPD patients with five residents being transferred to hospital, 17 requiring antibiotics and three requiring prednisone.

Key learnings from the work in the LTC home were:

- Incomplete chart information on smoking history, spirometry, exacerbation history and reasons for transfer to hospital
- Staff are not assessed on techniques of medication delivery
- Physiotherapy is limited to 3 times per week (20 minutes), as well as both physiotherapy and exercise are not mandatory

Angie also worked with the Geriatric Nurse Outreach Lead to help engage her team. The outreach team now has a COPD education kit to assist them with staff education to enhance the management and identification of COPD patients. The team has also developed a decision tree for COPD patients which was designed from successes with their pneumonia care map. The new process targets a reduction in transfers to hospital for COPD patients.

Amy has been working with the patients at the Community Health Centres and now has partnerships with all four of the CHCs located across the Wellington-Waterloo LHIN – including Guelph, which came on board in March. Asthma and COPD patient education has continued at all of the other three sites – Woolwich CHC, Lang's Farm CHC and Kitchener Downtown CHC. Amy is currently on maternity leave awaiting the birth of her first child and Adrienne Racher will be taking over her responsibilities.

Some patient highlights include:

- 20% of patients had their past diagnosis corrected based on spirometry interpretation
- 56% of patients required a correction to their inhaler technique
- Over the first 12 months unscheduled or ER visits declined from 78% of patients to only 17% of patients requiring acute care for their asthma or COPD

Baby UPDATE!

Since this article was written, Amy and her husband have welcomed a bouncing baby boy into the world. On June 19th, 2012, Scott Stephen Massie was born at 7:47 am, weighing a healthy 7lb 8oz. On behalf of the GSK family we wish them lots of joy and happiness!

What's happening around the PRIISME® network

A quick look at great developments and accomplishments...

Success at Group Health Centre in Sault Ste Marie



Jennifer Zufelt, coordinator for the Group Health Centre PRIISME® project in Sault Ste Marie, has successfully enrolled 214 patients to date. Jennifer is excited by some

preliminary results that show COPD patients are reducing their exacerbation rates. Intake numbers in the prior 12 months had shown an average of 24% of patients had visited the ER and 16% had been admitted to hospital. Now, after only one year of work with the GHC PRIISME® team consisting of a RT, Kinesiologist and Social Worker at the YMCA, only 2% of patients (of the 44 patients who have completed two scheduled follow-ups) required acute care for their COPD. Jennifer has also enrolled 83 patients to date into the smoking cessation program!



Summerville PRIISME® wraps up

The SummervilleFamily Health team has wrapped up their PRIISME® program after achieving great success for patients at the Harborne site over the last two years.

In total, I I 5 patients benefitted from confirmatory spirometry and education about their asthma or COPD by RT/CRE Melva Bellefountaine.

Melva was able to ensure the appropriate patients were referred to a Specialist, and worked closely with the physician staff to ensure patients were aligned with guideline-defined therapy. Executive Director Lucy Bonanno will continue to explore sustainability solutions for Summerville's respiratory patients. A big thanks goes out to Dr. Milan Patel for his consultative support of the Summerville team during the past two years.



Welcome Aboard!

Mississauga-Halton LHIN develops program for non-Family Health Team patients



Over the past two years members of the Mississauga-Halton LHIN have been working with GSK PRIISME® to bring a COPD education program to the community for non-Family Health Team patients. A plan has now been developed and the partners have been working for eight months on preparations to open the doors for patients this summer.

To begin, the COPD education centres will be located in three areas across the LHIN and work in partnership with the City of Mississauga's Community Centres

and the Town of Milton's Sports Centre. The team also hopes to open a fourth site in Oakville.

The vision for the program is to maximize resources for patients across the LHIN by putting in a referral process for non-FHT physicians and specialists, a triage process at the ERs in the three hospitals, and linkages to community exercise and activity programs.

Please join us in welcoming this new team from across the LHIN:

From the Credit Valley Hospital/Trillium Health Centre: PRIISME® Coordinator Neeta Fraser (RRT/CRETHC), Marnie Wagner (RN/CRETHC), Debbie Coutts (RRT/CRECVH) and Gail Lang (RRT; Manager, Respiratory & Cardiopulmonary CVH);

From Halton HealthCare: Desa Hobbs (Program Director Medicine, HHC), Kim Kohlberger (Program Director, Rehabilitation & Geriatrics, HHC), Jacquie Minezes (Manager, Rehabilitation Services, HHC) and Katherine Theroux (COPD Coordinator HHC);

From the Mississauga Halton LHIN: Carie Gall (Senior Lead, Health System Development, MHLHIN) and Liane Fernandez (Director, Health System Development & Community Engagement, MHLHIN);

From the CCAC: Claire Barcik (Director, Partner/Provider Relationships, CCAC);

Respirology specialist support is being provided by Dr. Milan Patel (Medical Director, Lung Health Program THC site) and representing Family Physicians is Dr. Jane Charters (Family Physician)

PRIISME® partnerships across the LHIN have been bringing education and exercise to asthma and COPD patients for the past seven years. Sustained heritage programs include Trillium Health Centre's Asthma and COPD Education sites, Credit Valley Hospital's Asthma Centre and COPD Rehabilitation Program, and Credit Valley FHT's Breath for Life Program. Prime Care FHT also continues their work under the PRIISME® program and Summerville FHT has just wrapped up their PRIISME® partnership.













CONFERENCES

AFHTC

Association of Family Health Teams of Ontario

Oct. 16 - 17, 2012

Toronto, ON www.afhto.ca

ADA

American Diabetes Association

June 21 – 25, 2013

Chicago, IL

www.ada-cmrglobalgroupservices.com/Home.aspx

Better Breathing The Lung Association

Jan. 31 – Feb 2, 2013

Toronto, ON www.betterbreathing.ca

CRC

Canadian Respiratory Conference

April 11 – 13, 2013 Quebec City, Quebec

www.lung.ca/crc

CSACI

Canadian Society of Allergy and Clinical Immunology Oct. 11 - 14,2012

Calgary, AB

www.csaci.ca

CHEST

American College of Chest Physicians

Oct. 20 – 25, 2012

Atlanta, GA

http://2012.accpmeeting.org

EASD

European Association for the Study of Diabetes

Oct 1 – 5, 2012

Berlin, Germany www.easd2012.com

ERS

European Respiratory Society

Sept 1 – 5, 2012 Vienna, Austria

www.erscongress2012.org

NPAO

Nurse Practitioners' Association of Ontario

Nov. 10 - 12, 2012

Hamilton, ON

www.npao.org

RTSO

Respiratory Therapy Society of Ontario

Oct. 16 – 17, 2012

Oakville, ON

www.RTSO.ca



RESOURCES

Asthma Society of Canada

www.asthma.ca

Canadian Diabetes Association

www.diabetes.ca

Canadian Thoracic Society

www.lung.ca

Health Quality Ontario

www.ohqc.ca

International COPD Coalition

(including COPD Patients' Bill of Rights)

www.internationalcopd.org

Masters and Leaders Training in Stanford's Chronic Disease Self-Management Program

Institute for Optimizing Health Outcomes

www.optimizinghealth.org

Ontario Lung Association

http://www.on.lung.ca

RespTrec Training Courses

www.resptrec.org

An initiative of **QSK** GlaxoSmithKline